

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597236

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		0		1		
10		0		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
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28		0		1		
29		0		1		
30		0		1		
31		0		1		
32	1		1			
33		1		1		
34		2		1		
35		4		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		0		1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	50	←	38	←		←
TOTAL CLAIMS	52		40			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						